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FIVE YEARS STRONG

annual report 05.06

NOVA SCOTIA
Health Research
FOUNDATION

MISSION

The mission of the NSHRF is to help improve the health of Nova Scotians through the development and support of a vibrant and sustainable health research community in Nova Scotia to the extent possible with efficient use of available funds.

2007-04801/

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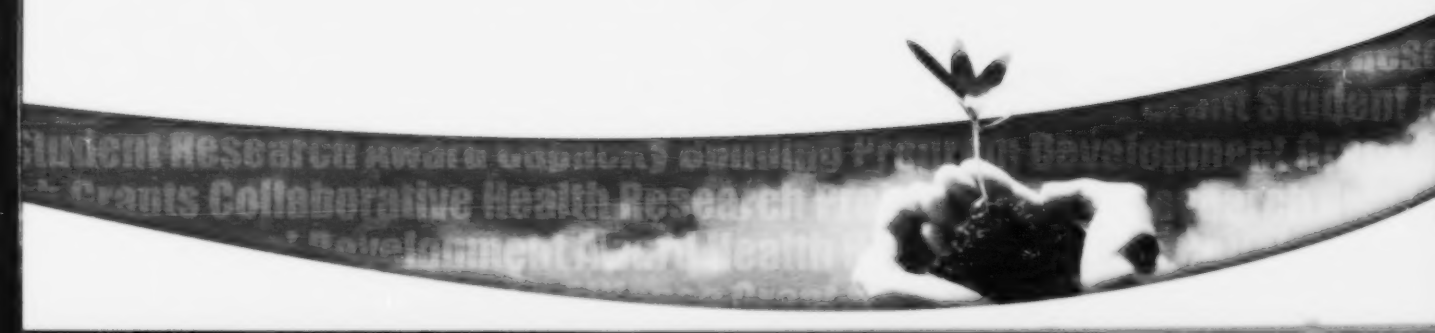


MESSAGE FROM THE CHAIR

Health research is critical. It is life-enhancing and often literally life-saving. At NSHRF, our mandate is to assist, collaborate with, and fund health research across the province. This annual report will demonstrate how the organization does that – and how it has done just that for the past five years.

After five official years in operation, NSHRF has come of age – and if I may say so, it is going strong. I am proud to say that over the past half-decade the Foundation has helped to foster a vibrant and sustainable health research community.

It is committed to building capacity and supporting health research in its broadest sense. And it works to achieve this in a number of ways. Here is a very brief run-down on the range of activities in which NSHRF is involved:

- Identifying health research priorities through consultation and communication with researchers, government, health boards, organizations, institutions, and individuals
- Allocating funds to support the province's health research priorities and capacity development, including the retention of skilled personnel
- Maintaining a peer-review system to ensure that scientific and ethical standards are maintained in awarding all grants
- Communicating research findings regularly to a diverse and wide array of audiences, and
- Fostering and supporting a forum of interaction among health researchers and those who apply research findings.

We are not just looking in the past, of course. We are also looking ahead to the next five years.

We are not just looking in the past, of course. We are also looking ahead to the next five years. This year the Board approved the Foundation's second strategic plan, which will see the organization through its 10th year. The action plan outlines the new programs that the NSHRF will be seeking support to launch and the continuation of its already successful programs. You will read more about the new strategy later in this report.

You will also hear more about accountability in these pages. NSHRF takes its role very seriously with respect to reporting back on progress and issues. In 2005, the organization created a special section on its website where this information can be easily and quickly accessed. Here visitors can read more about NSHRF's strategic plan outcomes, its key informant report, and view the performance summary first hand.

NSHRF has played an ongoing and multi-faceted role over the past five years in Nova Scotia's growing health research community. Helping to guide and define that

After five official years in operation, NSHRF has come of age — and if I may say so, it is going strong. I am proud to say that over the past half-decade the Foundation has helped to foster a vibrant and sustainable health research community.

role have been dedicated individuals who have served on the Board of Directors. It has been my privilege to work with many of them over the past three years.

Now, on behalf of all of the Board of Directors, it is time to say good-bye – and thank you – to four of those dedicated individuals. This year terms ended for four members of our team: John Gainer, the Clinical Coordinator of the Eating Disorders Program at the Cape Breton Healthcare Complex; Thomas Rathwell, a Professor and Director of the School of Health Services Administration at Dalhousie University; Donna Meagher-Stewart, the Associate Director of the Master of Nursing program at Dalhousie University School of Nursing; and Madine VanderPlaat, an Associate Professor of Sociology and Women's Studies at Saint Mary's University.

I also have the honour of welcoming four new members to the Board: Lori Francis, an Assistant Professor in the Department of Psychology at Saint Mary's University; Florence Pinard, now retired, who has a Bachelor of Science in Nutrition from St. Francis Xavier University; Richard Singer, a member of the Department of Biochemistry & Molecular Biology at Dalhousie University's medical school; and Ian Thompson, a business and community leader and former vice president external at Emera Inc. Their contribution will be significant.

Having an impact is what has driven the Board, and the Nova Scotia Health Research Foundation itself, for the past five years. There is no resting on laurels; there is simply too much to do. And we are eager to get on with the job.

Brian MacDougall, Chair

MESSAGE FROM THE CEO

The Nova Scotia Health Research Foundation is five years old this year. We are, in other words, five years strong.

I remember my first few weeks at NSHRF. The desktops not yet fully stacked, or overflowing, with files. Everything possible. Everything new. I remember our vision about the role that NSHRF would play in Nova Scotia's growing health research community. Now as we mark our fifth year, I am proud of the work we have accomplished. I am prouder still of the work we have supported, and of the research we have nurtured through the programs and initiatives we have developed along the way.

In the past half-decade, NSHRF has become an active partner in the province's research community. That partnership was emphasized in our strategic plan, which has guided us over the past three years. It was a plan built on input – from the public, from funders, from government, and from researchers. Now we are moving to the next phase in our planning. The NSHRF again sought input from our system partners and I am pleased to advise the Board of Directors approved our new plan: "A Strategy 2006-2011." This plan sets a course that will enable us to build on current strengths while addressing the growing needs of the health research community.

The Board of Directors and staff of NSHRF are committed to working in collaboration with the health research community and other stakeholders in Nova Scotia – and beyond. One of our goals is to invest the province's health research resources in a manner that will optimize the benefit to Nova Scotians. We are keenly aware that a vibrant health research community translates directly to better health for people in this province. To that end, and over the course of the five years since our inception, we have undertaken significant research and consultation to develop and refine our strategic focus and action plan.

For example, we have commissioned studies to identify key issues and objectives, and to establish a baseline we can use to measure our progress toward achieving our objectives. We also commissioned a survey in order to gauge public opinion and perceptions of health research in Nova Scotia. We also contracted for an environmental scan and a situational analysis. The focus was to obtain stakeholder input with respect to key issues and strategic priorities.

We took significant encouragement from the results of this research and consultation process. The results reflected:

I remember my first few weeks at NSHRF. The desktops not yet fully stacked, or overflowing, with files. Everything possible. Everything new. I remember our vision about the role that NSHRF would play in Nova Scotia's growing health research community. Now as we mark our fifth year, I am proud of the work we have accomplished. I am prouder still of the work we have supported, and of the research we have nurtured...

- An overwhelming endorsement of NSHRF's approach, and consensus that this approach should be continued;
- Tremendous support for our foundation programs;
- And, last but certainly not least, a desire for NSHRF to expand its activities.

We have done just that. In the past year, for example, we launched the first Institute for Applied Health Research Methods and Design. It brought together more than 20 emerging health researchers, and was the region's first-ever intensive program on how to build research skills and develop a comprehensive grant proposal.

An initiative such as this one lies at the very core of our work because it is made of the thread that weaves together all we do. That thread is building capacity. This is the heart of the NSHRF. It is critical that we understand how health research capacity is nurtured. Equally critical, we must put that understanding into practice, and share it by way of knowledge translation initiatives.

Building capacity is not only an external requirement. Internally, NSHRF has had to grow to meet the growing needs of the health research community. This year we expanded our office to accommodate the arrival of the Project Team for the National Collaborating Centre for the Social Determinants of Health (Atlantic). The team will leave us in 2006, but the space they used will be needed for ongoing and new initiatives including helping the province develop its first health research strategy. Helping us implement those new initiatives are three new staff members, who you will be introduced to later in this report.

The additional space will also be used by health research groups and others. When we expanded our office, we made sure there was classroom, meeting room and boardroom space available for members of the health research community. This space is provided free to groups and individuals involved in health research, and for a reasonable fee to others. It's all part of the supporting role NSHRF is committed to providing.

There is no doubt that Nova Scotia's health research community has the skills, the ideas, and the innovation to build a world-class research environment. I want to assure you that we will continue – in the next five years, and beyond – to do our utmost to help build and support a vibrant and sustainable health research community throughout the province. To make it more attractive – and more conducive – for health researchers to do their work here in Nova Scotia.

Because this is a great place to do research.

Krista Connell

Krista Connell, CEO

Internal Initiatives

TAKING INTO ACCOUNT

This year we developed a new section for our website called simply, "Accountability." Here you'll find information on our first strategic plan, our strategic plan outcomes, key informant report, and performance summary. Our goal is to keep you informed and abreast of our progress. You will also find our new strategic plan for the upcoming five years.

WINNING STRATEGY

In 2002, we developed a three-year Strategic Action Plan that outlined six major priority areas. We have now prepared a summary report of NSHRF's performance in each of these strategic areas. We found that overall the Foundation has demonstrated a strong performance. NSHRF's greatest challenge moving forward is the need for financial stability and growth, required to serve the growing demand for health research capacity and new program initiatives.

WELL RESEARCHED

In 2005, we undertook to garner feedback from key stakeholders. We conducted key informant interviews that explored four key areas: benefits and impact measurement of impact; communications; and moving forward. An omnibus survey that included questions on health research, in general, and NSHRF, in particular, was also conducted. We found that Nova Scotians know more than they used to about health research, and they support health research in its broadest sense. The survey found that 56% are familiar with the term "health research" – up from 49% in a similar survey conducted in 2001. In fact, 95% of those polled believed it is important to conduct health services, health outcomes, health policy and biomedical research. The survey also demonstrated that the public is more familiar with the work of the NSHRF: a 58% increase over the previous survey results. Our key informant interviews also indicated that NSHRF is an important part of the health research community with proven impact. We also learned there is always more we can do in collaboration with our partners.

ROOM AT THE FOUNDATION

In 2005, NSHRF renovated and expanded its offices, in part to accommodate the National Collaborating Centre for the Social Determinants of Health Project Team and in part to accommodate our own growth. In planning for our new premises, we also planned to reach out to the health research community. We are pleased to share our facilities. We have a large classroom facility that is available at no charge to groups in the health research sector and for a small fee to other groups. As well, there are smaller spaces that can accommodate break-out activity areas, and a boardroom that is available.

ON STANDS NOW

NSHRF's Peer Review Process was featured in Research and Discovery magazine, which is distributed throughout North America. In that article, panel member Pedro D'Orléans-Juste, a pharmacology professor at the Université de Sherbrooke in Quebec reported, "Everyone is aware of what's going on in Nova Scotia." He attributes this to the NSHRF's high standards of both research excellence and review-committee membership. He also points to leaders in Nova Scotia, including biomedical peer review panel chair Richard Singer.

STRATEGIC THINKING

The Nova Scotia Health Research Foundation first opened its doors in 2000.

Since then, the Foundation has developed and implemented a comprehensive range of funding programs for researchers along the continuum from students to established investigators. It has reached out to the health research community to identify – and address – their needs. This has involved hosting a series of topic-specific workshops of interest to researchers; developing the region's first research design and methods program for emerging researchers; building a leading-edge capacity development program; and helping to enhance the grant-writing – and grant-getting – skills of researchers.

The Foundation's first Strategic Action Plan unveiled a three-phased approach to design, build, and implement the infrastructure required to develop and support a vibrant, sustainable health research community throughout the province.

That plan was evaluated this year to assess progress on the strategic initiatives and inform future direction. The evaluation process included gathering information and data from national and provincial health research agencies; conducting stakeholder surveys; undertaking a document and records review; and completing key informant interviews.

Now we are moving to the next stage of our development. We have prepared the next iteration of our strategic approach, which charts the direction of NSHRF for the next five years. Strategic goals have been identified in four key areas:

1. Support Health Research Excellence: Current Programs
2. Maintain Organizational Excellence
3. Manage Financial Growth
4. Develop and Implement New Programs

The first three action areas enable us to build on existing strengths, including programs and initiatives currently in place. The latter looks to the future and meeting the broader needs of researchers.

Nova Scotia health researchers are conducting world-class research, yet they often find themselves struggling to compete on a national level. This is a direct result of not having access to the resources available to their counterparts in other provinces. Even though the creation and work of the NSHRF has improved things considerably, the playing field is still not even, and the advantage is not yet in Nova Scotia's court.

While NSHRF programs have well served and supported the health research community – and are recognized for building capacity – the focus of the competitive funding has mainly been, of necessity, on students and new and early-career researchers. There is a significant need to provide support for all health researchers in the province.

This support could be attained with the launch of two new programs: Scotia Scholars – Career Scientist Awards and Infrastructure Awards. The former would enable health researchers to devote more time and effort to their research. The latter would help, considerably, to address the significant need researchers have for resources to fund infrastructure costs associated with preparing and administering research grants and related activities. These programs are both critical to the recruitment and retention of not only health researchers but health clinicians as well. As of January 2006, the estimated combined cost for these programs is $4 million annually.

WELCOME ABOARD

Meeting the needs of Nova Scotia's growing health research community has meant NSHRF has had to grow. This year we were pleased to welcome Mike Hurley, the Foundation's first Chief Financial Officer; Meredith Campbell, Program Manager, Strategic Programs; and Ryan McCarthy, Research Partnership Coordinator, a shared position between the Nova Scotia Health Research Foundation, the Heart and Stroke Foundation of Nova Scotia and Nova Scotia Health Promotion and Protection.

Provincial Initiatives

RESEARCH ETHICS STEERING GROUP

As an important first step in establishing a better approach to health research ethics review in the province, the Advisory Council of the District Health Authority Chief Executive Officers established the Nova Scotia Research Ethics Oversight Steering Group to identify opportunities and prepare a report. The Steering Group, of which NSHRF was a member, completed its work this year. It found that the current system for health research involving humans contains a number of serious shortcomings and identified some potential reform opportunities. NSHRF will be involved in the development of a Provincial Health Research Strategy, using a consultative approach. The recommendations of this group will be part of that consultation approach including the ethical oversight of health research in Nova Scotia as part of the strategy.

PRIVACY AND RESEARCH: BEST-PRACTICE GUIDELINES

Privacy is an important issue in the health research world. Hospitals, research ethics boards and researchers are interested in finding the appropriate balance between protecting the privacy of individuals and enabling the sharing of personal information for research that will ultimately benefit society as a whole. We are pleased to help address these issues by creating the NSHRF Project on Research and Privacy. The project working group will provide an overview of hospital research and privacy issues, identify gaps in the application of privacy principles, and develop options and recommendations to address those gaps. A final report will be available by the Fall of 2006.

PROVINCIAL HEALTH RESEARCH STRATEGY

NSHRF was proud to have been asked this year to initiate and coordinate a process, on behalf of the Department of Health and the Office of Economic Development, that will lead to the development of a provincial health research strategy. A primary objective of the process is to help develop a clear vision and direction to guide future health research-related activities. In addition, we are also looking at how to build and sustain health research capacity in Nova Scotia. To facilitate the process, a Project Coordinator position has been created and staffed through a secondment from the Office of Economic Development. The process will involve a comprehensive consultation process and it is expected that recommendations will be brought to Cabinet.

NSRIT REFORM INITIATIVE

The Nova Scotia Research and Innovation Trust (NSRIT) was established by the government of Nova Scotia in 2001 to address the provincial matching-funding pressures of national research programs, most notably the Canada Foundation for Innovation (CFI). The trust is managed at arm's length from government by a beneficiaries committee with members from the Council of Nova Scotia University Presidents, the Nova Scotia Community College, and Genome Atlantic. NSHRF's CEO was asked to participate as a member of an advisory group established to review the mandate, processes, and operation of the NSRIT. Final recommendations from the advisory group are expected to be provided to government in the upcoming year.

HEALTH INFORMATION NEEDS

The NSHRF partnered with the Nova Scotia Department of Health in an initiative to define the decision support and health data needs of the Nova Scotia district health authorities/IWK, the Department of Health and its affiliated programs, and the health research community. The project intends to develop a provincial action plan to address these requirements. We are looking forward to the results of this initiative.

RPP SECRETARIAT EXTENDED

Under the Regional Partnership Program, research funding applications that are judged to be of high scientific merit through Canadian Institutes of Health Research (CIHR) peer review, but are beyond the funding capacity of CIHR's base budget in regular competitions are eligible to receive funding. The program criteria were recently reviewed by the Nova Scotia Regional Partnership Program (RPP) committee and a decision was made to expand the eligibility criteria. This will ensure the full allotment of Nova Scotia researchers will benefit from the program. Nova Scotia was commended by CIHR for its long-term performance targets.

NEW PARTNERSHIP WITH CIHR

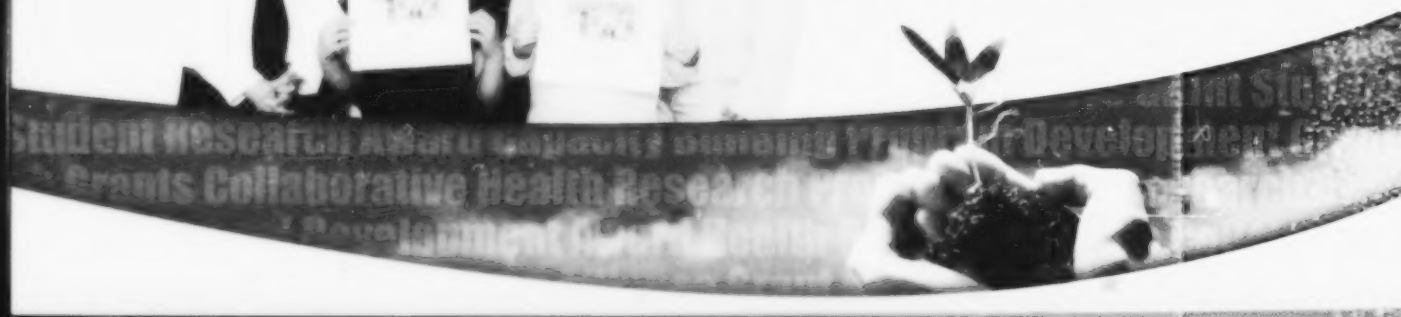
In 2005/06, the Nova Scotia Health Research Foundation began a partnership with the CIHR – Partnerships for Health Systems Improvement (PHSI) Program. The purpose of the PHSI Program is to support alliances of researchers and decision-makers interested in conducting applied health services and policy research in theme areas that will be useful to health system managers and policy-makers. In 2005/06, the NSHRF/CIHR PHSI program funded Dr. Stephen Kisely, a professor in the Department of Psychiatry, Dalhousie University, for his project entitled, Monitoring Quality of Mental Health Services Across Nova Scotia.

MAKING THE GRADE

For the fourth consecutive year, the Nova Scotia Health Research Foundation was proud to be a MegaSearch™ partner. MegaSearch™, developed by Dalhousie Medical School, is a highly successful program to inform and excite grade five students about medical research.

MEGASEARCH™

(Front, L-R) Tonya Elia and Sarah Boyle. (Back, L-R): Ms. Anne Murray, Education & Patient Navigation Coordinator, Cancer Care Nova Scotia; Dr. Gerry Johnston, Associate Dean of Research, Dalhousie Medical School; Ms. Jyl MacKinnon-Crowell, Director of Annual Giving, Dalhousie Medical Research Foundation; Ms. Krista Connell, Chief Executive Officer, Nova Scotia Health Research Foundation.



Launched in 2000 in schools throughout Nova Scotia, the program consists of a brightly coloured comic book about medical research at Dalhousie, along with fun science activities for kids to do at home and in the classroom. It also includes a teachers' guide, a website, and a contest. The winning class comes to Dalhousie for a tour of the medical school. Response to the program has been so enthusiastic, it may soon be launched across the Maritimes.

Regional Initiatives

NATIONAL COLLABORATING CENTRE FOR THE SOCIAL DETERMINANTS OF HEALTH

Atlantic Canada is going to be home to the National Collaborating Centre for the Social Determinants of Health, one of six centres established nationwide as part of the federal government's public health strategy. The social determinants of health are key factors in understanding and improving health for all Canadians. Through its work, the Centre will increase understanding of these factors – such as income, education and geography – and influence practice at all levels. An Atlantic Working Group was put in place to oversee selection of a permanent host agency and identify priorities for the Centre. This year, the Working Group contracted the NSHRF to help coordinate this developmental work.

National Contributions

WORKSHOP ON RESEARCH LEADERSHIP

In October, NSHRF provided financial support for the planning and delivery of the National Workshop on Research Leadership and Management, which was held to explore the requirements and options related to developing an educational and developmental program aimed at enhancing management and leadership knowledge and skills in the health research community and other research sectors. Forty-seven participants from across the country took part in the workshop. They represented the research community comprised of researchers, funders, government, universities, and industry.

NAPHRO IMPACT ANALYSIS

NSHRF hosted a meeting of the National Alliance of Provincial Health Research Organizations (NAPHRO) in March. Krista Connell, NSHRF's CEO, is co-chair of NAPHRO. Members of the alliance meet (via teleconference and face to face) on a regular basis to share information and identify potential opportunities for working collaboratively on common issues. A sub-group of NAPHRO was struck to collaborate on the development of performance indicators. Health research foundations are under continued pressure to document and communicate the benefits of the public investment in health research. This group is working together to share resources and develop performance measures which are relevant across the country. NSHRF's Deborah Langille is a member of this group.

CIHR'S INTERNATIONAL REVIEW

NSHRF was honored to participate, both in person and through interviews and written submissions, in the first international review of the Canadian Institutes of Health Research (CIHR). Under the leadership of Dr. John Bell, a panel had the opportunity to meet with and hear the views of over 125 health researchers and stakeholders from across Canada. The panel also reviewed some 270 written submissions from individuals and organizations.

REVIEW OF THE LAWSON RESEARCH INSTITUTE

In December, Krista Connell, CEO, was asked to participate in an external review at the Lawson Research Institute in London, Ontario. The Institute is the research arm of the London Health Sciences Centre and St. Joseph's Health Care. It is one of the largest hospital-based research institutes in Canada.

TAKING HEART, TAKING PART

Lesley Poirier, NSHRF's Program Manager, Research Awards, served as a lay reviewer on the Heart and Stroke Foundation of Canada's Scientific Review Committee. The scientific peer review process is the cornerstone of the Heart and Stroke's Foundation investments in research. The peer review process ensures that the organization is funding the highest quality research and that the research it funds is communicated to the public. The lay reviewers play an important role in this process by providing a mechanism for public accountability and advocacy.

APPLIED **HEALTH RESEARCH METHODS** AND **DESIGN**

Dr. Patrick McGrath

This year NSHRF launched a new program in Applied Health Research Methods and Design to lend senior Ph.D. students and junior faculty members in Nova Scotia institutions a helping hand. This is the first such program of its kind in Atlantic Canada.

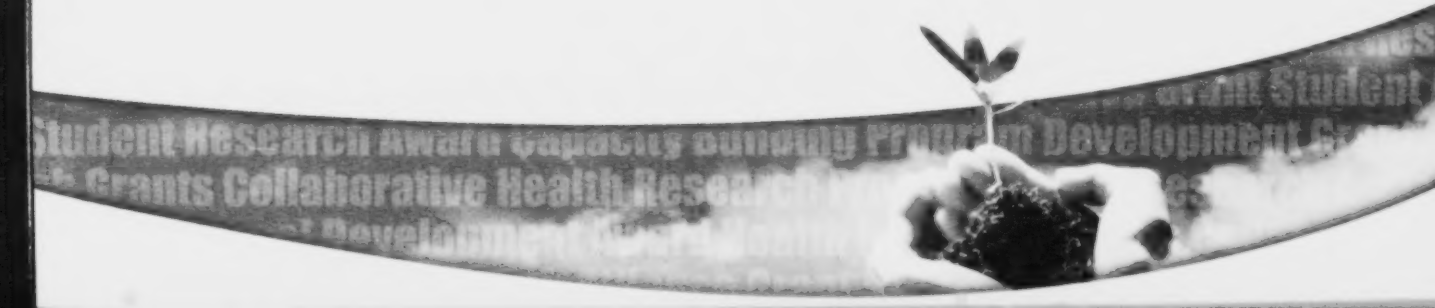
Dr. Patrick McGrath, a Canada Research Chair at Dalhousie University-IWK Health Centre, developed the program to supplement the more general statistics and research design courses many educational programs provide. "The purpose," he explains, "is to give participants an intense experience in research methods, design, and proposal writing. We want to help prepare them for developing their careers in applied health research."

Each researcher (or team) arrives at the institute with an overview of a proposal and spends the next four days in an intensive hands-on exploration of research methods, design and dissemination led by experienced and accomplished researchers. "By the end of the course, they will leave with a five- to six-page draft of their proposal, ready to be expanded and submitted to a funding agency the next year," says Dr. McGrath.

A capacity-building initiative, the program is designed to encourage and foster skill-development in Nova Scotia's health research community. "I read about it and thought it sounded ideal," says Dr. Margo Watt, a member of the Department of Psychology at St. Francis Xavier who is co-developing a new anxiety sensitivity treatment with a three-year grant from NSHRF.

"A program like this," she says, "is exactly what researchers need when they are starting out."

That helping hand pays off – significantly. Elizabeth McGibbon, one of the 19 researchers and research teams that took part in the Institute, subsequently had her research project funded by CIHR. Dr. McGibbon's study is the only one of its kind in Canada and the funding amount is almost $70,000.



ABOUT NSHRF

The Health Research Foundation Act (Bill 22) was given Royal Assent on December 3, 1998. Little more than a year later, on January 1, 2000, the Act was proclaimed. By September, the Nova Scotia Health Research Foundation Office was staffed and fully operational.

The Foundation is the first health research organization in Nova Scotia funded by the provincial government.

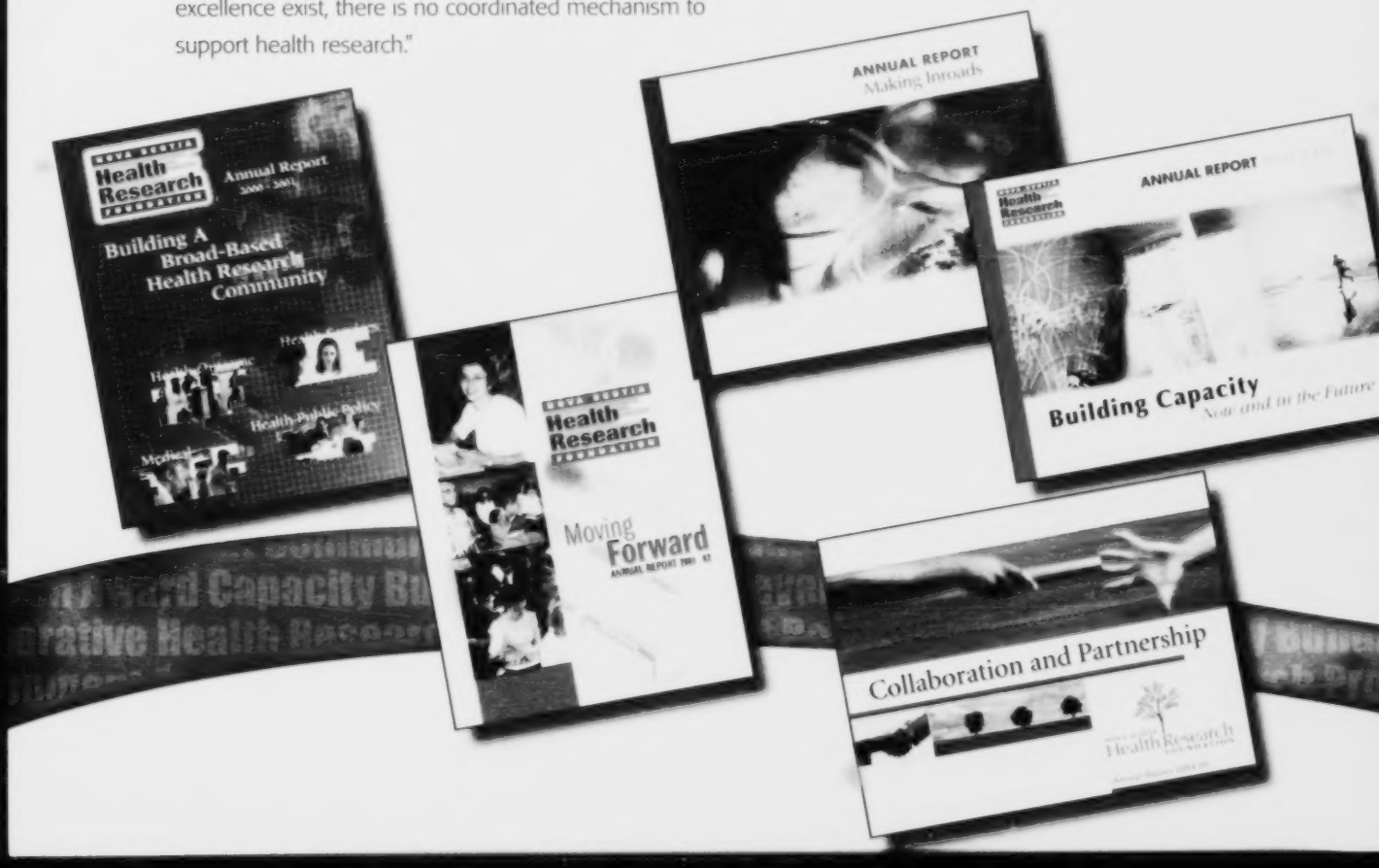
The goal of the Foundation is to assist, collaborate with, and fund individuals and organizations conducting health research in the province. Health research is defined in the broadest possible sense.

The establishment of a health research foundation was recommended by the Health Research Task Force in 1996. In the Task Force's 40-page report to government, it noted that health research in Nova Scotia "is severely disadvantaged at present. The lack of provincial funding limits Nova Scotia's capacity to compete nationally and to build a strong support system for decision-making. Although significant pockets of research excellence exist, there is no coordinated mechanism to support health research."

AT OUR CORE

There are 10 values at the core of NSHRF – and at the heart of our strategic plan. They are:

- Excellence in health research
- Relevance to health in health research priorities
- Fairness and transparency
- Accountability
- Inclusivity
- Citizen participation
- Partnering
- Capacity building
- Innovation
- Responsiveness



PEER REVIEW COMMITTEES 2005-2006

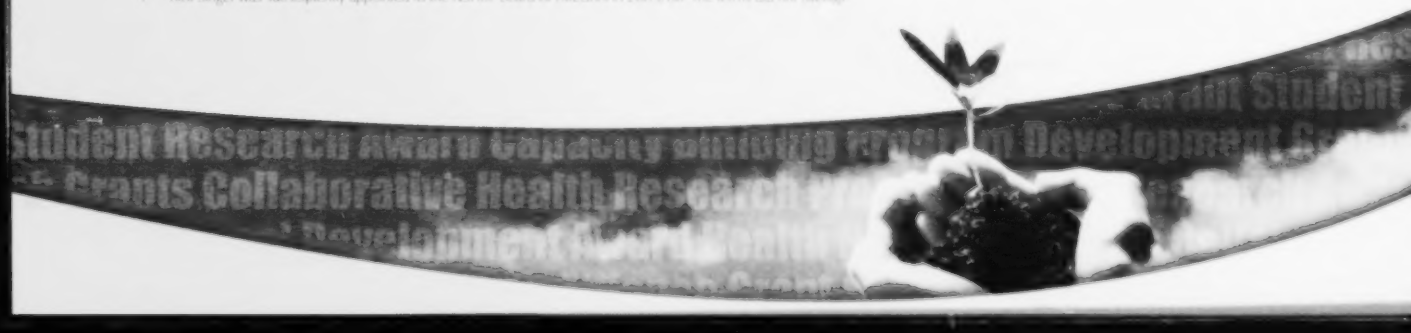
The Nova Scotia Health Research Foundation is committed to helping improve the health of Nova Scotians by developing and supporting a vibrant and sustainable health research community throughout the province. A key component of accomplishing this mission is awarding research funds based on scientific excellence determined by a rigorous scientific review process.

Since NSHRF was established, a scientific review process has been put in place, and we have also adopted national peer review processes and guidelines. Our gratitude goes out to all those people who so generously gave of their time and expertise.

2005/06 NSHRF PEER REVIEW COMMITTEE: BIOMEDICAL

Provincial Members	Department	Institution
Dr. Richard Singer[1] Chair	Department Biochemistry and Molecular Biology	Dalhousie University
Dr. Melanie Kelly Vice chair	Department of Pharmacology	Dalhousie University
Dr. Doug Rasmusson Scientific Officer	Department of Physiology and Biophysics	Dalhousie University
Dr. David Byers Scientific Officer	Atlantic Research Data Centre	Dalhousie University
Dr. Melanie Dobson Scientific Officer	Department of Biochemistry and Molecular Biology	Dalhousie University
Dr. Chris Barnes	Department of Microbiology and Immunology	Dalhousie University
Dr. Bill Baldridge	Department of Anatomy and Molecular Biology	Dalhousie University
Dr. Geoff Maksym	Department of Biomedical Engineering	Dalhousie University
Dr. Cathy Too	Department of Biochemistry and Molecular Biology	Dalhousie University
Dr. Amitabh Jha	Department of Chemistry	Acadia University
Dr. Tom MacRae	Department of Biology	Dalhousie University
Dr. Rob Brownstone	Department of Anatomy and Neurobiology	Dalhousie University
Dr. François Tremblay	Department of Ophthalmology and Visual Sciences	Dalhousie University
Dr. Chris Sinal	Department of Pharmacology	Dalhousie University
Dr. Dan Marsh	Department of Anatomy and Neurobiology	Dalhousie University
Dr. René Murphy	School of Recreation Management and Kinesiology	Acadia University

1 Rick Singer was subsequently appointed to the NSHRF Board of Directors in 2005/06. The terms did not overlap.



2005/06 NSHRF PEER REVIEW COMMITTEE: BIOMEDICAL (continued)

Out of Province Members	Department	Institution
Dr. Jack Stewart	Department of Biology	Mount Allison University
Dr. Thomas Haas	Department of Anatomy and Cell Biology	University of Saskatchewan
Dr. Peter Pennefather	Faculty of Pharmacy	University of Toronto
Dr. Penny Moody Corbett	Faculties of Medicine, Research and Graduate Studies	Memorial University of Newfoundland
Dr. Pedro D'Orléans Juste	Department of Pharmacology	University of Sherbrooke
Dr. Patricia McKinley	School of Physical and Occupational Therapy	McGill University

2005/06 NSHRF PEER REVIEW COMMITTEE: HEALTH POLICY, HEALTH SERVICES & HEALTH OUTCOMES

Provincial Members	Department	Institution
Dr. Peter Twohig Chair	Gorsebrook Research Institute	Saint Mary's University
Dr. Angie Thompson Vice chair	Department of Human Kinetics	St. Francis Xavier University
Ms. Lynn Langille Scientific Officer	Atlantic Health Promotion Research Centre	Dalhousie University
Dr. Joanne Pelletier Scientific Officer	School of Education	Acadia University
Dr. Aine Humble	Department of Family Studies and Gerontology	Mount Saint Vincent University
Dr. Lori Francis[1]	Department of Psychology	Saint Mary's University
Dr. Shanthi Johnson	School of Nutrition and Dietetics	Acadia University
Dr. Heather Davey	Department of Psychology	Cape Breton University
Dr. Judith Shaw	School of Nursing	St. Francis Xavier University
Dr. Grace Warner	Atlantic Health Promotion Research Centre	Dalhousie University
Dr. Penny Corkum	Department of Psychology	Dalhousie University

1. Lori Francis was subsequently appointed to the NSHRF Board of Directors in 2005/06. The terms did not overlap.

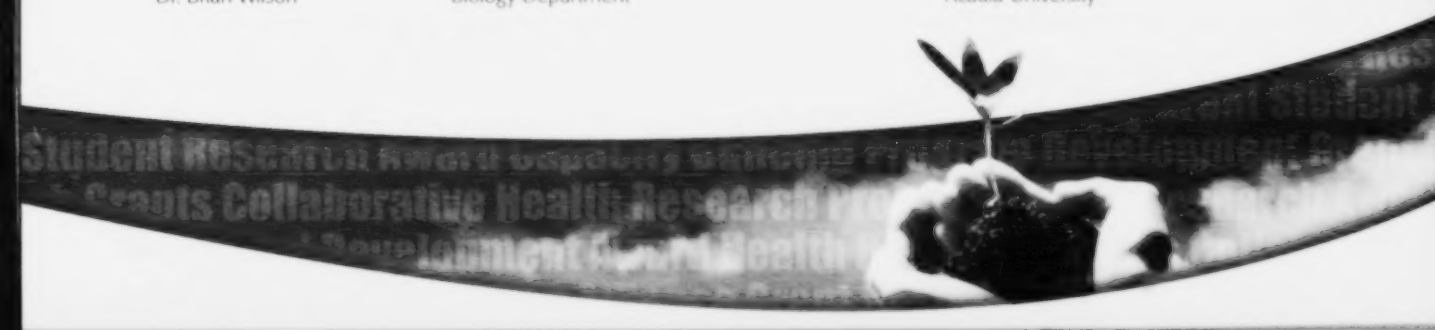
2005/06 NSHRF PEER REVIEW COMMITTEE:

HEALTH POLICY, HEALTH SERVICES & HEALTH OUTCOMES (continued)

Out of Province Members	Department	Institution
Dr. Maria Mathews	Division of Community Health	Memorial University of Newfoundland
Dr. Jack Altman	Department of Health Care and Epidemology	University of British Columbia
Dr. Gail Storr	Faculty of Nursing	University of New Brunswick
Dr. Liane Ginsburg	School of Health Policy & Management	York University
Dr. Diana Gustafson	Division of Community Health	Memorial University of Newfoundland
Dr. James Connor	Faculty of Medicine	Memorial University of Newfoundland
Dr. Geoffrey Gurd	Special Advisor, Director General's Office	Public Health Agency of Canada
Dr. Bilkis Vissandjee	School of Nursing	University of Montreal
Dr. Verena Menec	Department Community Health Sciences	University of Manitoba

NSHRF MERIT REVIEW COMMITTEE 2005/06: CAPACITY BUILDING PROGRAM

Members	Department	Institution
Dr. Gail Tomblin Murphy Committee Chair	School of Nursing and Department of Community Health and Epidemiology	Dalhousie University
Dr. Ryan D'Arcy	Institute for Biodiagnostics (Atlantic)	National Research Council
Dr. Joanne Gallivan	Dean, Research and Academic Institutes	Cape Breton University
Dr. Donald Langille	Department of Community Health & Epidemiology Faculty of Medicine	Dalhousie University
Dr. Kristi Rouvinen-Watt	Department of Plant and Animal Sciences	Nova Scotia Agricultural College
Dr. Emma Whelan	Department of Sociology and Social Anthropology	Dalhousie University
Dr. Brian Wilson	Biology Department	Acadia University



MILESTONE YEAR FOR NOVA SCOTIA HEALTH RESEARCH FOUNDATION

Research funded with a range of health topics from comforting children in pain to enhancing body's immune response to cancer

The results of the annual grant competition, the largest health research competition in Atlantic Canada, covered a broad range of health issues this year – everything from comforting children and alleviating their pain during medical procedures, to enhancing the body's immune response against cancer cells, to determining whether "preemie" twins should be cared for in the same or separate beds.

Successful applicants come from traditionally health-oriented fields such as medicine, pharmacy, nursing and applied and basic sciences as well as from the social sciences and humanities. In addition, a Community Research Alliance Grants program and the Collaborative Health Research Project Awards supports joint initiatives that link academic researchers with community organizations. In total, 10 projects (nine Health Research Project grants and one Collaborative Health Research Project grant); eight Capacity grants; and 46 students were funded – for a total of 64 projects funded in all.

One of this year's successful applicants is Jane Lewis, Dean of Education, Health and Wellness at Cape Breton University, whose work will help the growing number of people who are addicted to prescription drugs. "Addiction to oxycodone, in particular, is a problem in the Cape Breton Regional Municipality," says Dr. Lewis. "Reports have linked addiction to prescription drugs to criminal activity, health crises, and accidental death."

Her research takes a community-based approach. Dealing with the harmful impacts of prescription drug addiction has become a priority for many agencies in

"Addiction to oxycodone, in particular, is a problem in the Cape Breton Regional Municipality," says Dr. Lewis. "Reports have linked addiction to prescription drugs to criminal activity, health crises, and accidental death."

Cape Breton, and a community partnership initiative has emerged. Says Dr. Lewis, "We share a belief that local research is required to understand the issue and develop ways to help."

In addition to Dr. Lewis's research, another study focused on OxyContin™ use has also been funded. Emma Whelan, a faculty member in the Department of Sociology and Social Anthropology at Dalhousie University, is exploring the effects of how this drug is now perceived as a pain treatment in the wake of high-profile coverage of its illicit use. One question that will be addressed: "How have the lives of patients who rely upon OxyContin™ for pain relief been affected?"

"The research into oxycodone use and related aspects underscores the importance of health research at the most profound level – addressing issues relevant to Nova Scotians," notes Ms. Connell.

She adds that the Foundation also encourages collaboration and partnership. "It is a way to pool increasingly scarce resources," she says, "but that's only part of the story. Collaboration brings a breadth of perspective. It leads to achievements that simply aren't possible when people work alone."

Camilla Holmvall of Saint Mary's University is another researcher whose project will be funded. Dr. Holmvall is examining how the nature of the relationship patients have with their health-care providers influences the choices patients make about their health, such as whether or not to follow prescribed treatment plans and report ineffective treatments. Her research will shed light on important variables that may lead patients to make better health-care related decisions. Says Dr. Holmvall, "We will seek the input of Nova Scotia residents on topics of vital importance to their well-being, such as their experiences interacting with health care providers, their decisions about when and from whom to seek care, and the extent to which they follow recommended treatments."

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Camilla Holmvall and team

PROFILES: **PROJECT AWARDS**

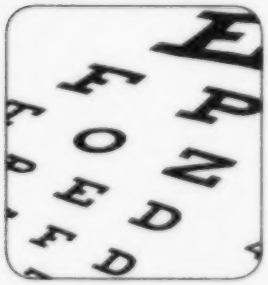
We'd like you to meet some of the researchers NSHRF has funded and the results they have achieved. Most health research projects are funded for three years, and we are now beginning to see the results of these research initiatives. Researchers provide the NSHRF with their final reports – some of their research impacts are featured below. NSHRF is pleased to present a dedicated section, Research Results, on our website, www.nshrf.ca.

Researchers Working to Improve Treatments and Services

IMPROVED TREATMENT FOR HEART ATTACKS

The WEST study involved tremendous inter-professional and inter-program planning and co-operation. Emergency physicians – including **Ed Cain** (2003), cardiologists, paramedics, nurses, administrators, and educators in four Canadian sites (Halifax, Edmonton, Vancouver, and Montreal) were involved. The study demonstrated that paramedics could safely and effectively manage patients suffering an ST segment elevation MI (STEMI) with fibrinolysis in the prehospital setting using written protocols and On Line Medical Oversight. As well, there was a significant shortening of the interval from symptom onset until treatment. As there was no difference in outcomes of patients treated with fibrinolysis at the first medical contact followed by mandatory PCI within 24 hours and Primary Coronary Intervention (PCI), the researchers concluded that this treatment option leveled the therapeutic playing field for patients with STEMIs who are not close to a center offering PCI (the majority of Canadians).

IMPROVED SERVICES FOR EYE CARE



Vladimir Kozousek (2000), Dalhousie University and Capital Health, and **Peggy Dunbar**, Diabetes Care Program of Nova Scotia, found that people with diabetes who have limited access to the services of an eye care specialist and are not obtaining adequate eye examinations can be helped by a mobile screening program. The research team developed a pilot program featuring mobile photographic eye-screening clinics in six Nova Scotia communities, three on the Eastern Shore and three First Nations' communities in Cape Breton. In total, 7.3 per cent were found to have potentially sight-threatening retinopathy requiring further assessment; another 4.3 per cent had other eye problems, including glaucoma. "It is our feeling," Dr. Kozousek says, "that this pilot project provided a valuable community service in under-serviced areas. Providing this service to the provincial population can be an effective way of reducing the burden of disease due to preventable vision loss in individuals with diabetes."

Researchers Helping to Prevent Disease

CHILDREN AT HIGH RISK OF DEVELOPING A MENTAL ILLNESS

Leslie Anne Campbell

Heredity and genetics can play a role in mental illness. Indeed, a child with a parent who has a mental disorder is more likely to develop a mental health problem than a child whose parent does not have such an illness. The Child Behavior Checklist (CBCL) was designed to address the problem of defining child-behavior problems empirically.

Leslie Anne Campbell (2001), a researcher with Dalhousie University's Department of Psychiatry, assessed the usefulness and accuracy of the CBCL as a screening instrument for children at risk of emotional or psychiatric distress. Adults being treated for bipolar disorder at the Queen Elizabeth II Health Sciences Centre and who had children between the ages of six and 18 were invited to participate in the pilot study. Participants completed a CBCL questionnaire for each child. The children and their parents were then interviewed using another diagnostic tool as a comparison.

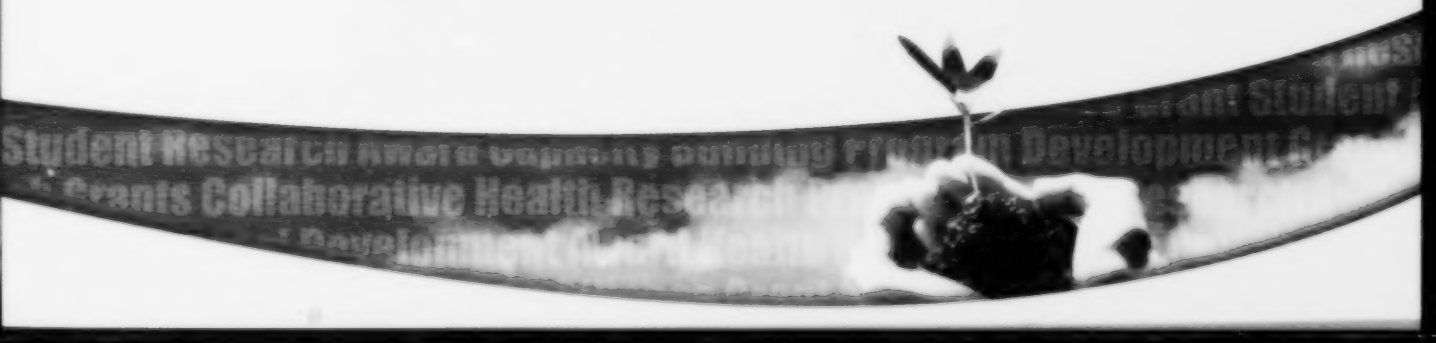
As expected, these high-risk children exhibited a higher prevalence of psychiatric disorders than the general population.

Twenty-three children and parents took part. The majority of parents indicated that, based on their own experiences with mental illnesses, they were concerned about their children's well-being and were receptive to the idea of screening their children for risk. As expected, these high-risk children exhibited a higher prevalence of psychiatric disorders than the general population. Participants found the CBCL straightforward and not time consuming. "Screening this high-risk population for distress is feasible and acceptable to patients," says Dr. Campbell.

A SAFER FOOD SUPPLY FOR THE NEW MILLENNIUM

Rafael Garduno

Three Nova Scotian scientists from three complementary disciplines worked together to improve the safety of the food supply. **Rafael Garduno** (microbiologist), **Tom Gill** (food scientist) and **Walter Schlech** (infectious disease specialist) investigated listeriosis and the bacterium that causes it, *Listeria monocytogenes*. Listeriosis is a serious, often fatal, systemic infection that results in septicemia and inflammation of the brain, caused by eating food contaminated with *L. monocytogenes*. The researchers examined the potential for adding a substance called protamine, a peptide capable of killing bacteria, to our food products to increase the safety of our food.



A SYNCHRONICITY OF COLOUR IN THE MIRROR

Lorna Butler

Joan Evans

"What we learned about were people's lives and how they perceived themselves and their communities in relation to the dominant culture within Nova Scotia and the health care system in particular."

Lorna Butler and **Joan Evans** (2001) of Dalhousie University's School of Nursing set out to learn about the experience of living with breast and prostate cancer in the Black communities of East Preston, Cherry Brook, Truro, and Lincolnville. "What we learned about," says Dr. Butler, "were people's lives and how they perceived themselves and their communities in relation to the dominant culture within Nova Scotia and the health care system in particular."

The purpose of the research was to explore meanings of sexual identity and sexuality as a dimension of health in African Nova Scotians living with cancer. The research team had assumed that race was an issue. But Black women believed that the experience of living with cancer cut across differences of race as socioeconomic factors affected a woman's ability to live with the disease. They perceived class to be a major factor that affected the lives of both black and white women who were poor. However, in male focus groups, the idea of including white men from the community was not raised.

Participants' stories illustrated that feelings of disenfranchisement were related to problems of racism, classism (discrimination or prejudice based on social or economic class) and geographic isolation – significant barriers to people accessing health care services and treatments.

Overall, the researchers found that Black communities in Nova Scotia face significant disparities in health and gaps in the accessibility of health care services. People from these communities experienced unique challenges in health and health care. Participants in Drs. Butler and Evans's study indicated a clear need for resource people in their own communities. Such resource people would have the advantages of understanding the experiences of women and men of colour and would understand the barriers many encounter in accessing information and treatment.

Research Improving Health Outcomes

PREVENTION OF TRANSPLANT REJECTIONS

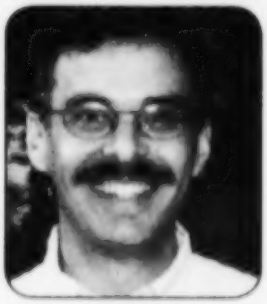
Gregory Hirsch

Tim Lee

Investigations by two Dalhousie University Researchers, **Gregory Hirsch** and **Tim Lee** (Department of Surgery) (2000), provide key insights into why grafts (allograft vasculopathy – AV) and chronic rejection of heart and kidney transplants occurs. Their basic science research has identified flaws in the currently held theory of the development of AV. Dr. Hirsch and Dr. Lee determined several key facts that will help identify mechanisms and AV and eventually allow the prevention of this devasting condition. This finding is expected to have a significant impact on the development of drug therapies to treat this disease.

Research Leading to Improved Health Policies

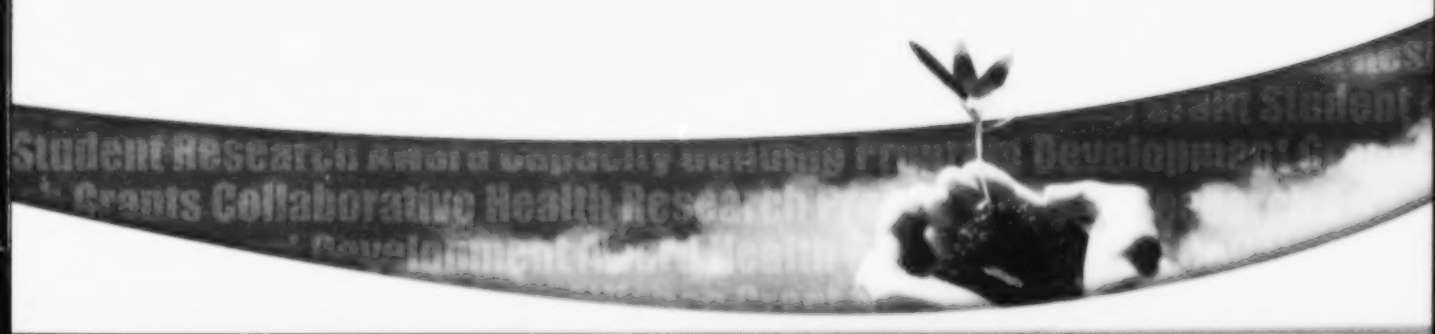
IMPROVED BLOOD SUPPLY



John Blake

Blood is essential to human life, and there is a growing need for blood and blood products in the health care system. So it is critical that the blood supply continues to be efficiently and effectively managed. In Canada, blood is gathered from volunteer donors and distributed to health care institutions by Canadian Blood Services (CBS). CBS is the agency responsible for managing Canada's blood supply system. Platelets, a component of blood, are essential in the treatment of cancer and hemophilia. With a shelf life of five days and natural fluctuations in supply and demand, platelets are an inherently difficult product to manage.

Dr. John Blake (2001) (Dalhousie University, Department of Industrial Engineering) and **Dr. David Anderson** (Medical Director of Blood Transfusion Services, QEII Health Sciences Centre), in cooperation with CBS Halifax, led a team to develop an integrated management system for the supply and distribution of platelets within Nova Scotia. While more than 30 health care institutions in the province use some platelets, 70 per cent are consumed at two hospitals in Halifax. Dr. Blake and his team (2001) are developing supply-management techniques and inventory policies that balance the necessity of having platelets available when needed with the requirement that they not be unduly wasted. They found that up to 18% of potential inventory casts can be saved if certain quantitative inventory models are applied to platelet management. The team developed infrastructure and management tools to support integrated management of the platelet supply.



PROFILES: CAPACITY AWARDS

The objective of the Capacity Building Program is to create a vibrant, productive research environment in Nova Scotia through initiatives that support and encourage research, competency, and activities related to students, researchers and community/university alliances. The following are some initiatives that have been funded through this program.

COMPULSORY COMMUNITY TREATMENT

Stephen Kisely

"We found that compulsory community treatment does not reduce the risk of hospital admission, even after controlling for possible confounders," says Dr. Kisely. "On the contrary, there was an increased risk of re-admission in the following year."

Patients recovering from severe psychiatric conditions, such as schizophrenia, are usually discharged into the community. Unfortunately, all too often these individuals relapse due to lack of intensive psychiatric treatment and have to be re-hospitalized. Increasingly, what is known as compulsory community treatment is being used for patients who have been discharged to the community. Proponents point out that this approach is preferable to hospitalization.

Stephen Kisely (Department of Psychiatry, Dalhousie University) and **Mark Smith** (Population Health Research Unit, Dalhousie University) teamed up with two Australian experts, Neil Preston and Jianguo Xiao, to examine this issue (2003). Their study, "A Comparison of Health Service Use in Two Jurisdictions With and Without Compulsory Community Treatment," was published in Psychological Medicine.

Initial uncontrolled studies had suggested that community treatment orders (orders for patients, with mental disorders, for treatments provided outside a psychiatric facility – CTOs) lead to an increased compliance with treatment and reduce both the frequency of psychiatric re-admission into hospital and the number of days the patient is hospitalized. Later studies, however, provided conflicting results: some backed up the early studies, while others didn't. "It also was not possible to determine from any of these studies whether the positive results were due to the compulsory nature of the treatment, or to the more intense psychiatric treatment provided concurrently as part of the compulsory treatment," notes Dr. Kisely.

This study is the first to compare two different jurisdictions: one that uses CTOs and one that doesn't. The researchers also controlled for a number of other factors including socio-demographic variables, clinical features, and psychiatric history. "We found that compulsory community treatment does not reduce the risk of hospital admission, even after controlling for possible confounders," says Dr. Kisely. "On the contrary, there was an increased risk of re-admission in the following year."

FROM METAPHOR TO MEMORY LOSS – A LINGUIST EXPLORES THE BRAIN

Elissa Asp

"I've always been interested in knowledge and language and the relationship between them," says **Elissa Asp**, associate professor of English and Linguistics at Saint Mary's University (2003). Dr. Asp did her Ph.D. research on metaphor but has since developed a new field of interest: the study of language use as a means to better understand the neuropathology of Alzheimer's and other dementias.

She received a Capacity Building Grant from NSHRF, which provided one-half course relief from her teaching responsibilities. She spent the time reading deeply and broadly on neurology and neuroimaging, to supplement her knowledge of linguistics with an understanding of the landscape of the brain. She also completed a perceptorship with Dr. Kenneth Rockwood at the Geriatric Medicine Research Unit of Dalhousie University and the Memory Disability Clinic in the QEII Health Sciences Centre.

"Language use is one of the most sensitive indicators of a patient's cognitive status," notes Dr. Asp, "and this is where I came in."

One aspect of the work of the Research Unit is to develop detailed descriptions of patients participating in clinical trials. The purpose, in part, is to develop tools to evaluate individual patient responses to cholinesterase inhibitors – the main pharmacological treatment currently available for Alzheimer's disease.

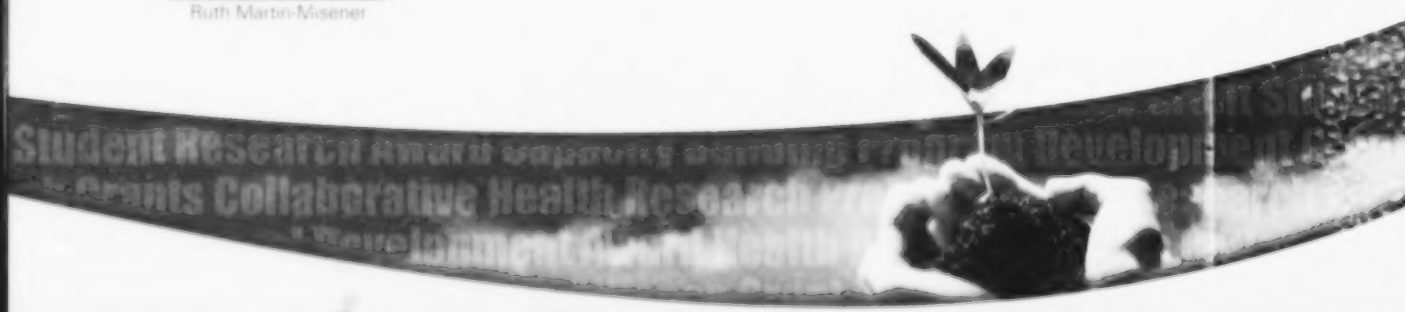
"Language use is one of the most sensitive indicators of a patient's cognitive status," notes Dr. Asp, "and this is where I came in." As a general linguist and discourse analyst, she has a background in describing recurrent patterns in language use. At the clinic, she applied this background to the search for more sensitive measures of treatment response.

The grant also allowed Dr. Asp to develop a poster, "Self-referential tags in the discourse of people with Alzheimer's disease before and after treatment with donepezil," which she presented to the 9th International Conference on Alzheimer's Disease and Related Disorders in Philadelphia.

THE ROLE OF NURSE PRACTITIONERS IN LONG-TERM CARE SETTINGS

Ruth Martin-Misener

Ruth Martin-Misener and **Barbara Downe-Wamboldt** (2004), Dalhousie University, School of Nursing, received funding from NSHRF for the development of a proposal to examine the utility of nurse practitioners in the care of the elderly. This project began with the development of a new community research alliance to address the health needs of the older population living in long-term care settings. The partnership included administrators and interdisciplinary practitioners from North-



Northwood initiated this partnership to explore opportunities for innovative services to the residents of their facility. The partnership established a positive working relationship and groundwork for future collaboration.

wood, administrators and practitioners from Northwood, Capital District Health Authority, the Nova Scotia Department of Health, the Nova Scotia Community College, and researchers from Dalhousie University School of Nursing, College of Pharmacy and Department of Family Medicine, and the Schools of Nursing at McMaster and Ryerson Universities.

Northwood initiated this partnership to explore opportunities for innovative services to the residents of their facility. The partnership established a positive working relationship and groundwork for future collaboration. It first provided a preliminary analysis of the potential for nurse practitioners working in long-term care facilities, a defined scope of practice and position description for nurse practitioners in long-term care settings. This initiative received subsequent support from the Department of Health for the further analysis of the emerging role for nurse practitioners in these areas. This will be an important contribution to ensuring Nova Scotia has an adequate and appropriate supply of health human resources for our aging population.

ONE RESEARCHER'S CAPACITY FOR HEALTH RESEARCH

Shanthi Johnson

With one in every three senior citizens experiencing a fall at least once a year and one in two over the age of 80 experiencing a fall on an annual basis, a NSHRF-funded research project in Wolfville, Nova Scotia, and surrounding communities is determining the appropriate course of action to prevent these accidents that cost the health care system $3.6 billion annually in Canada.

Shanthi Johnson is an active health researcher at Acadia University. She received an institutional development grant from the university (with funding from CIHR) for her preliminary work. This grant provided seed funding to develop her project, an Integrated Approach to Falls Prevention in Long-term Care Facilities. As a new researcher to the province, Dr. Johnson needed to know: what was currently in place in Nova Scotia related to this health issue; how to link with health care professionals working in this area; and how to identify future potential research projects in this area.

She then submitted a proposal to NSHRF for capacity-building support. Her project, Synergistic Role of Nutrition and Functional Capacity on Falls Among Frail Elderly, was designed to examine the role of functional capacity and nutritional status on the incidence and mechanism of fall-related injuries among frail older adults and to assess the effectiveness of nutrition and exercise interventions. Dr. Johnson used

In fact, Dr. Johnson received support for two research proposals. The first is a New Investigator Award, valued at $50,000 a year in salary support.

this support to develop a working group and to conduct preliminary work for a larger study. The group worked together for a year to put together the research proposal, which subsequently received support from the Foundation. This was followed by Dr. Johnson's submission of research proposals to the Canadian Institutes for Health Research. She became the first researcher from Acadia to receive a grant from CIHR, one of the largest of the three federal research-funding councils.

In fact, Dr. Johnson received support for two research proposals. The first is a New Investigator Award, valued at $50,000 a year in salary support. The success rate for that competition was 21 per cent, and no other small university was successful. Dr. Johnson's second CIHR award is a Global Health Research Pilot Project grant valued at $100,000. Acadia and Brock were the only small universities to be funded in that competition.

PROFILES: **STUDENT AWARDS**

The NSHRF supports students, up to two years, to conduct health research. Below are some examples of the impact students are already having in our province.

QUALITY IMPROVEMENT BY REDUCING MEDICAL ERRORS – NICOLE HARTNELL (2003)

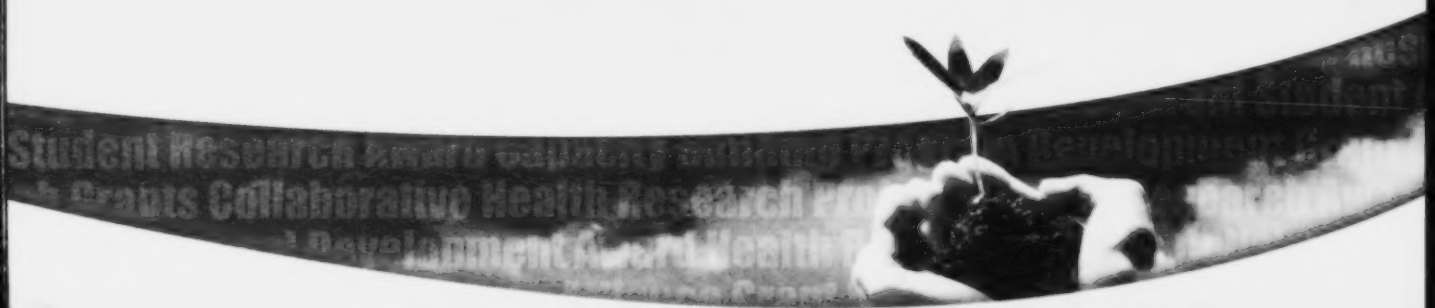
Nicole Hartnell was our inaugural Quest recipient. She is in her final stages of her Ph.D. program. Her research is focused on identifying barriers to medication error reporting in Nova Scotia hospitals. About 21 Nova Scotians die from such errors each year. Ms. Hartnell expects that her research results will lead to recommendations for organizational changes and, ultimately, improvements in patient safety. She has subsequently received other grants related to medication safety and is planning to continue her multidisciplinary work with academics, decision makers, physicians, pharmacists, and other health professionals across Nova Scotia.

NURSE PRACTITIONERS' ROLE IN PRIMARY HEALTH CARE - RUTH MARTIN-MISENER (2003)

Ruth Martin-Misener has now completed her Ph.D. (University of Calgary). Her doctoral research concluded that nurse practitioners (NP) play an important role providing primary health care in rural Nova Scotia especially as rural areas are predominately older. NPs play a major role in health promotion, illness prevention, and injury reduction and they treat acute and chronic disease. She also since received funding from the Nova Scotia Department of Health and a fellowship from the Canadian Institutes for Health Research to pursue her research interests.

COMPARISON OF NORMAL AND CANCEROUS CELLS – ROBERT BOUDREAU (2003)

Robert Boudreau defended his doctoral research successfully this year, which was carried out in the laboratory of Dr. David W. Hoskin at Dalhousie University. His thesis contained work focused on uncovering the differences



between normal and cancerous cells. He expects that ultimately these results will contribute to improvements in cancer chemotherapy treatments for Nova Scotians. Dr. Boudreau has since accepted a post-doctoral position at McGill University in the laboratory of Dr. Philip E. Branton, Director of the Institute of Cancer Research at CIHR. He hopes that this additional training opportunity will enable him to be a successful health researcher at the national level. His intent is to return to his native Nova Scotia as a highly qualified health researcher.

EASE THE BURDEN OF OSTEOARTHRITIS – JANIE ASTEPHEN (2003)

Osteoarthritis (OA) is an important health issue for Nova Scotians, which commonly leads to invasive joint replacement. Despite an aging population and several risk factors prevalent in our province, such as obesity, there is little research that examines less-invasive and more cost-effective treatments. Ms. Astephen's research focused on designing less-costly, less-invasive interventions at different stages of the disease progression to ease the burden of pain and disability on patients. The support of NSHRF has enabled her to remain in Nova Scotia to pursue her research. Seeing first-hand the impact that OA has on our population in Nova Scotia, Ms. Astephen has made a commitment to continue her research in this province.

TREATMENT FOR MENTAL ILLNESS – STEPHEN P. LEWIS (2003)

Mr. Lewis's research for his Ph.D. program involved the identification of key factors that underlie suicidal thinking and suicide attempts. Mental illness is a serious health issue for many Nova Scotians. Research into this issue has now led to improved mental health treatments.

PAIN MANAGEMENT FOR CHILDREN – MARGOT LATIMER (2003)

Margot Latimer's research focused on exploring what characteristics in an organization enhance nurses' ability to use research evidence to ease the pain of hospitalized children. Collecting data from neonatal intensive care units in both Montreal and Halifax, her research examined a number of potential facilitators contributing to optimal pain care in children.

Funding from NSHRF was used by Dr. Latimer for her doctoral fellowship with the FERASI Centre, a partnership between the Université de Montréal, the Université Laval, and McGill University, to provide training and expertise in nursing-administration research. With protected time during her doctoral training, Dr. Latimer was able to participate in research seminars and benefit from mentorship from leaders in nursing administration. She has just completed her involvement as co-investigator on a successful Health Canada grant examining knowledge dissemination patterns in Atlantic Canada, as well as co-investigator, with colleagues from across the county, on a CIHR Team grant. Dr. Latimer is currently pursuing post-doctorate work further examining nurse's management of children's pain.

NSHRF would like to offer our sincerest congratulations to the researchers and students funded this year. Their innovation and commitment to excellence will benefit all Nova Scotians. To meet the funded applicants in this year's competition and to read about their research, please visit www.nshrf.ca

HAT'S OFF

FLU VACCINATION FOR NURSES – DONNA PIERRYNOWSKI GALLANT (2003)

Nurses are often a frequent source of transmission for influenza given their extensive contact with patients. Yet vaccination rates among nurses are low. Ms. Gallant's research focused on how nurses decide whether to get an influenza vaccination. Her research resulted in a better understanding of the multifaceted factors that nurses consider in making this decision.

NSHRF funding helped Ms. Gallant collaborate with other individuals and organizations that have similar research goals. She is now working with a national group of researchers from the Canadian Centre for Vaccinology as well as a research group affiliated with the Elizabeth Bruyere Institute in Ottawa. Findings from her research project have been published in the Canadian Journal of Public Health and Canadian Nurse.

IMPACT OF DISTANCE OF A PATIENT'S HOME FROM HOSPITAL – ANSAR HASSAN (2003)

Distance from the hospital can have an impact on individuals with ischemic heart disease, a Nova Scotia researcher has found. In the study, conducted by Ansar Hassan, individuals living closer to the Queen Elizabeth II Health Sciences Centre were more likely to receive a particular heart procedure and to wait less time to have the procedure performed.

In his study, Dr. Hassan, a resident in cardiac surgery at the QEII, found that the chances of getting this procedure increase significantly the closer someone lives to the Queen Elizabeth II Health Sciences Centre, and the waiting time for catheterization is also less.

"Despite a single-tier health care system," he noted, "Nova Scotians are subject to significant geographic barriers to cardiac catheterization with evidence of associated poorer outcomes."

In the study of 5,578 patients, rates of cardiac catheterization varied from 38.9% for those living within 70 km of the QEII to 38% for those between 71 and 163 km from the hospital, and 33% for patients living more than 163 km away. In addition, waiting times for the procedure also increased as distance from the hospital increased. Those living between 71 and 163 km from the centre waited 13.5 days longer and those more than 163 km away from the QEII waited 17.1 days longer than individuals closer to the health care facility.

These geographic factors seem to also result in higher rates of readmission to hospital for any cardiac cause. Within the first year, those individuals living between 71 and 163 km from the hospital had a 17% greater chance of being readmitted and those beyond the 163 km mark had a 29% higher chance of returning to hospital. The long-term rates of mortality, however, were the same across all three geographic areas.

The Quest

The **John Ruedy** Award

Their Sexuality, Their Selves

THEIR SEXUALITY, THEIR SELVES - LAURA BARBOUR (2005)

A meaningful quest for knowledge often starts close to home – and such is the case for Laura Barbour, winner of this year's The Quest award. Her interest in young women's sexual well-being stems back to her own girlhood and conversations with friends. "When you move into your 20s," says the 25-year-old graduate student, "you begin to get more perspective. You look back at some of the factors that have influenced who you are."

Ms. Barbour's NSHRF-funded research will explore the social contexts of young women's sexual lives and the interplay of various determinants that shape their sexuality and sexual health. In part, she will seek to find the links between social factors and specific health outcomes such as sexually transmitted infections (STIs) and unintended pregnancies. "Nova Scotia has Atlantic Canada's highest reported incidence of both," she says. "I hope to understand how the social environment can have an influence on behaviours and attitudes that put these young women at risk."

Ms. Barbour, who is completing her Master of Arts degree in Health Education at Dalhousie University's School of Health and Human Performance, will conduct in-depth interviews with 18- to 20-year-old women from diverse ethno-cultural backgrounds and sexual orientations. Instead of limiting her research to specific health outcomes, she will incorporate a holistic understanding of sexual health and its relationship to overall health and well-being.

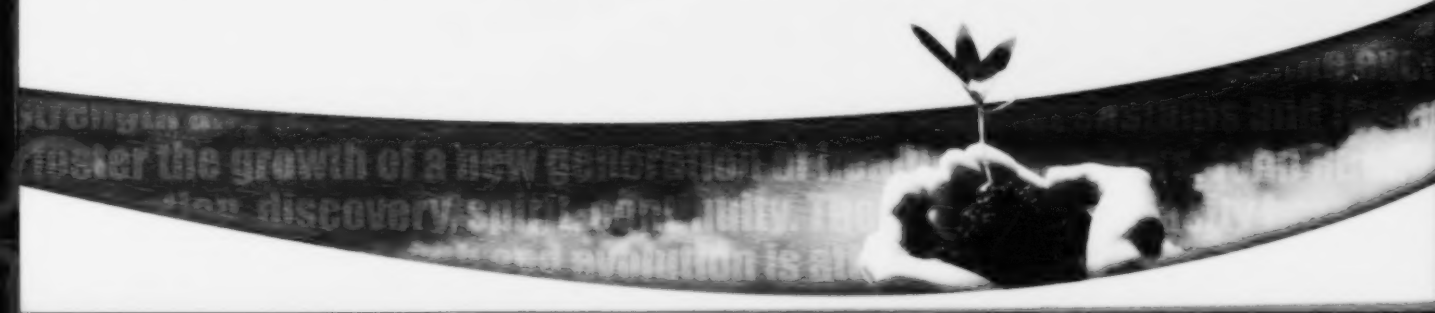
"My hope," she says, "is that this research will provide a complement to the more medically based research that's usually undertaken on sexual health is-

sues." In addition, the diverse nature of her study will help to address a knowledge gap. "I'll be talking with African Nova Scotian women and Aboriginal women, lesbians, and young women from other ethno-cultural backgrounds and sexual orientations," she explains. "I want to make sure these voices are included."

Ms. Barbour will conduct the study under the supervision of Dr. Charlotte Loppie, Assistant Professor at the School of Health and Human Performance. She will begin with an in-depth focus group interview to find themes that will become part of the data and be used to develop questions for the subsequent individual interviews. Altogether, the study will involve from 14 to 20 young women in the Halifax Regional Municipality.

Originally from Ontario, Laura Barbour came to Nova Scotia to study – and hopes to stay. At present, she is serving as a co-chair with the Nova Scotia Roundtable on Youth Sexual Health, a multi-sectoral working group that is currently developing a province-wide framework for action. Her long-term goal is to pursue an interdisciplinary Ph.D. and ultimately to teach in a Nova Scotia university, incorporating her work around women's sexual well-being into course material.

"When you move into your 20s," says the 25-year-old graduate student, "you begin to get more perspective. You look back at some of the factors that have influenced who you are."



AUDITORS' REPORT

HUNTER BELGRAVE ADAMSON – CHARTERED ACCOUNTANTS

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To the Directors of Nova Scotia Health Research Foundation

We have audited the statement of financial position of the Nova Scotia Health Research Foundation as at March 31, 2006 and the statements of revenue and expenditures, changes in net assets and cash flow for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free from material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects the financial position of the Foundation as at March 31, 2006 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants

Hunter Belgrave Adamson

Dartmouth, Nova Scotia
May 24, 2006

STATEMENT OF REVENUE AND EXPENDITURES

YEAR ENDED MARCH 31, 2006

	2006	2005
REVENUE		
Grant - Province of Nova Scotia	**$ 4,500,000**	$ 4,500,000
Grant refunds	**518,679**	312,318
Special project funding (Note 6)	**342,640**	–
Investment income	**160,135**	114,529
Program sponsorships	**137,568**	36,938
Donated equipment	**1,784**	–
	5,660,806	4,963,785
PROGRAM EXPENDITURES		
Biomedical research grants	**1,565,891**	1,576,233
Policy, services and outcomes research grants	**1,512,606**	2,086,063
Matching grants	**758,556**	435,568
Capacity building program	**390,539**	202,024
Special projects (Note 6)	**297,833**	–
Communications, public awareness and research findings	**165,752**	123,687
Peer review of grant applications	**45,502**	45,512
Knowledge translation	**19,376**	18,491
Other project expenditures	**6,858**	408
	4,762,913	**4,487,986**
EXCESS OF REVENUE OVER PROGRAM EXPENDITURES	**897,893**	475,799
ADMINISTRATIVE EXPENSES - Schedule 1	**821,077**	**466,579**
EXCESS OF REVENUE OVER EXPENDITURES	**$ 76,816**	**$ 9,220**

STATEMENT OF CHANGES IN NET ASSETS

YEAR ENDED MARCH 31, 2006

			2006	2005
	Invested in Property, Plant and Equipment	**Unrestricted**	**Total**	**Total**
Balance, beginning of year	$ 42,102	$ 490,043	**$ 532,145**	$ 522,925
Excess of revenue over expenditures	–	76,816	**76,816**	9,220
Net change in investment in property, plant and equipment				
depreciation	(20,590)	20,590	–	–
acquisition of property, plant and equipment	104,754	(104,754)	–	–
Balance, end of year	$ 126,266	$ 482,695	**$ 608,961**	$ 532,145

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2006

ASSETS

	2006	2005
Current assets		
Cash	**$ 36,603**	$ 591,637
Accounts receivable	**73,219**	61,864
Prepaid expenses	**2,125**	-
Investments (Note 4)	**4,439,636**	3,929,501
	4,551,583	4,583,002
PROPERTY, PLANT AND EQUIPMENT (Note 5)	**126,266**	42,102
	$ 4,677,849	$ 4,625,104

LIABILITIES

Current liabilities		
Accounts payable and accrued liabilities	**$ 163,092**	$ 114,119
Deferred revenue (Note 6)	**102,860**	-
Grants payable - current portion	**2,951,513**	3,302,351
	3,217,465	3,416,470
GRANTS PAYABLE	**851,423**	676,489
	4,068,888	4,092,959

NET ASSETS

Net assets invested in property, plant and equipment	**126,266**	42,102
Net assets - unrestricted	**482,695**	490,043
	608,961	532,145
	$ 4,677,849	$ 4,625,104

STATEMENT OF CASH FLOW

YEAR ENDED MARCH 31, 2006

	2006	2005
OPERATING ACTIVITIES		
Working capital from operations		
Excess of revenue over expenditures	**$ 76,816**	$ 9,220
Items not requiring an outlay of cash		
Depreciation and amortization	**20,590**	10,035
Amortization of goodwill	**-**	8,292
	97,406	27,547
Net change in non-cash operating working capital balances		
Accounts receivable	**(11,355)**	(28,230)
Investments	**(510,135)**	407,615
Prepaid expenses	**(2,125)**	–
Accounts payable and accrued liabilities	**48,973**	80,000
Grants payable	**(175,904)**	(158,714)
Deferred revenue	**102,860**	–
	(450,280)	328,218
INVESTING ACTIVITIES		
Additions to capital assets	**(104,754)**	(4,854)
Purchase of goodwill	–	(8,292)
INCREASE (DECREASE) IN CASH	**(555,034)**	315,072
CASH, BEGINNING OF YEAR	**591,637**	276,565
CASH, END OF YEAR	**$ 36,603**	$ 591,637

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2006

1. DESCRIPTION OF ENTITY

The Nova Scotia Health Research Foundation, a not-for-profit organization established by the Health Research Foundation Act of the Province of Nova Scotia (Bill No. 22), was given Royal Assent on December 3, 1998 and became effective on January 1, 2000. As stated in the Act, the objects of the Foundation are to assist, collaborate with and fund individuals and organizations conducting health research in the Province including the fields of health policy, health promotion and health care and without limiting the generality of the foregoing, assist health-services research, health outcome research, health public policy research and medical research.

The accompanying financial statements include only the assets and operations of the Foundation.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and reflect the following policies:

REVENUE RECOGNITION

The Foundation follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Investment income is recognized as income is earned.

FINANCIAL INSTRUMENTS

The Foundation's financial instruments consist of cash, accounts receivable, investments, grants payable and accounts payable. Unless otherwise noted, it is management's opinion that the Foundation is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair market value of these financial instruments approximate their carrying values unless otherwise noted.

INVESTMENTS

Investments are valued at the lower of cost and quoted market value if there is a permanent decline in value.

MEASUREMENT UNCERTAINTY

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires the Foundation's management to make use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reporting period. Actual results may differ from these estimates.

PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment are recorded at cost, and are amortized using the declining balance method except for leasehold improvements, which are amortized by the straight-line method over the term of the lease with a full year of amortization recorded in the year of acquisition.

3. DISTRIBUTION OF FUNDING

The annual provincial grant made to the Foundation is provided from funds appropriated by the Nova Scotia legislature. The distribution of the funding is outlined in the Health Research Foundation Regulations, as amended by Cabinet on August 5, 2005. The Regulations specify that funding shall be distributed in accordance with the objects of the Foundation as follows:

a) 30% shall be spent on medical research;
b) 10% shall be spent on health-outcome research;
c) 10% shall be spent on health-services research;
d) 10% shall be spent on health public-policy research;
e) a minimum of 20% may be spent on any or all of the following:
    (i) innovative health research programming and capacity development,
    (ii) increasing the public knowledge and awareness of the Foundation,
    (iii) communicating research findings,
    (iv) targeting health research priorities, and
f) a maximum of 20% may be spent on administering the Foundation.

If in any of the categories a) through d), less than the total money allocated is spent, the remaining portion shall be reallocated to one of the remaining categories a) through d) in a manner determined by the Board.

Prior to the amendment by Cabinet on August 5, 2005, the regulations specified the following allocation of the annual grant:

a) 40% shall be spent on medical research
b) 15% shall be spent on health-outcome research
c) 15% shall be spent on health-services research
d) 15% shall be spent on health public-policy research
e) a maximum of 15% may be spent on the administration of the Foundation, and 5% of the total amount spent on administration shall be spent on increasing the public knowledge and awareness of the Foundation.

4. INVESTMENTS

The Foundation has an investment policy in place which restricts the types of investments it can hold. The Foundation is not permitted to invest in unsecured instruments or non-interest bearing accounts. The Foundation is not permitted to invest directly in mortgages, equities, real estate, foreign investments, and derivative securities. The Foundation is permitted to invest in mutual funds that hold these classes of investment investments.

At year end the Foundation's investments consisted of cash, fixed income investments, and equity mutual funds. At March 31, 2006 the total market value of the investments was $4,682,821 (2005- $3,940,346) and the book value of the investments was $4,439,636 (2005 - 3,929,501).

5. PROPERTY, PLANT AND EQUIPMENT

	2006			2005	
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**	**Rates**
Computer	$ 69,975	$ 23,612	**$ 46,363**	$ 11,048	30%
Equipment and furniture	63,535	23,427	**40,108**	16,477	20%
Leasehold improvements	50,358	10,563	**39,795**	14,577	10 yrs
	$ 183,868	$ 57,602	**$ 126,266**	$ 42,102	

6. SPECIAL PROJECT FUNDING AND EXPENDITURES

The Foundation received funding from the Nova Scotia Ministry of Health to create and implement the Atlantic National Collaborating Centre on Social Determinants of Health. Funding of $445,500 was received from the Government of Nova Scotia to finance all costs associated with the project. Under the terms of the funding agreement, any amounts that remain unspent at the conclusion of the project must be returned to the Province. Management anticipates that the project will be complete by July, 2006.

For the year ended March 31, 2006, the foundation has incurred project expenses totalling $297,833, and capital expenditures of $44,807. The unspent balance of $102,860 has been recorded as deferred revenue, and will be taken into income as additional project expenditures are incurred.

7. INCOME TAX STATUS

According to Bill 22, which was given Royal Assent effective January 1, 2000, the Foundation and its property are exempt from taxation imposed by or under the authority of an enactment of the Province of Nova Scotia. The Foundation is a registered charitable organization under the Income Tax Act and is therefore exempt from income taxes.

8. ECONOMIC DEPENDENCE

The Province of Nova Scotia provides the Foundation with funding necessary to provide grant support. The Foundation's ability to issue research grants is currently dependant on receiving adequate funding from the Province of Nova Scotia.

9. CHANGE IN ACCOUNTING POLICY

The Foundation had previously presented its financial statements using the restricted fund method of accounting for contributions, and accordingly presented its financial statements for the Administration & Programs Fund, and the Research Awards Fund.

In the current year, management determined that the deferral method of accounting for contributions was more representative of the conditions attached to the funding, and more reflective of the Foundation's activities. This accounting policy has been adopted for the current year, and prior periods have been restated to reflect this change. The assets, liabilities and net assets of the funds previously disclosed have been combined in the statement of financial position, and are shown as unrestricted.

10. LEASE COMMITMENTS

The company leases office space under an operating lease arrangement. Minimum lease payments are as follows:

2007	**$ 110,565**
2008	**110,565**
2009	**110,565**
2010	**107,128**
2011	**105,982**
	$ 544,805

11. PENSION OBLIGATIONS

The Foundation participates in a pension plan sponsored and administered by the Nova Scotia Association of Health Organizations, a multiemployer plan available to all its members. Contributions to the pension fund by the Foundation are matched by contributions by the employees, and are based on 7.45% of pensionable earnings. In the year, the Foundation contributed $14,666 to the pension.

An actuarial valuation for funding purposes was performed at December 31, 2003. At this time, the fund was fully funded.

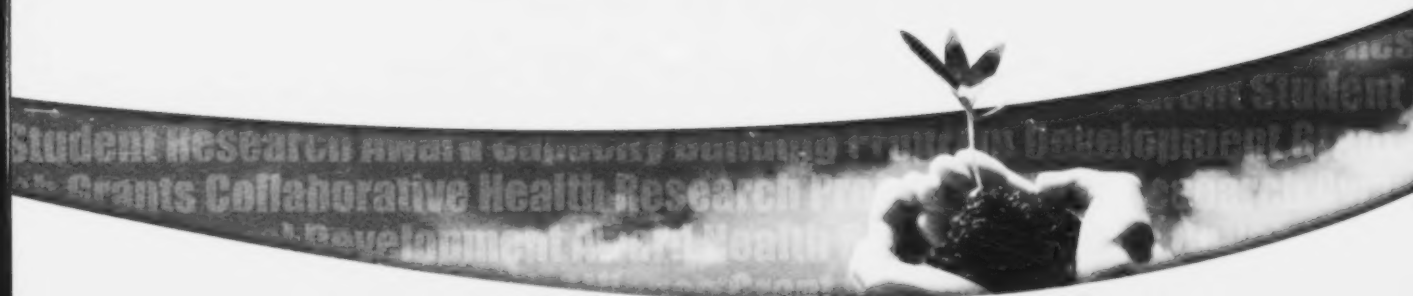
12. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform to the presentation adopted for the current year.

SCHEDULE OF ADMINISTRATIVE EXPENSES

YEAR ENDED MARCH 31, 2006

	2006	2005
Salaries and benefits	$ **488,686**	$ 299,346
Consulting fees	**121,429**	41,468
Rent	**89,348**	31,391
Travel and meetings	**25,467**	22,510
Office supplies	**24,322**	18,595
Printing and promotional materials	**22,452**	8,292
Depreciation	**20,590**	10,035
Telephone, fax and website maintenance	**10,929**	21,045
Networking and promotion	**8,280**	8,614
Professional development	**6,672**	4,512
Meeting costs	**1,799**	-
Insurance	**770**	771
Miscellaneous expenses	**333**	-
	$ 821,077	$ 466,579



BOARD OF DIRECTORS

BRIAN D. MACDOUGALL, CHAIR

Brian is the Vice President of Operations and Support Services at the IWK Health Centre for Children, Women and Families in Halifax. He received his Masters of Health Services Administration from Dalhousie University. Brian is also a Certified Health Executive and a Certified Management Accountant. He has been a member of the NSHRF Board of Directors since 2000.

COLLEEN ELLIOTT

Colleen, a Registered Nurse specializing in gerontology, is on staff at the Mira Long Term Care Facility in Truro. A graduate of St. Joseph's Hospital in Toronto, Colleen has her certificate in Alzheimer's Disease and Related Dementias. She is currently the Chairperson of the Well Women's Clinic in Truro and on the Board of the Nova Scotia Gynecological Cancer Screening Program. Colleen, past president of the Nova Scotia Division of the Canadian Cancer Society, was honored with the Canada 125 medal for her volunteer efforts.

LORI FRANCIS

Lori has been an Assistant Professor in the Department of Psychology at Saint Mary's University since 2002. She has a B.Sc. in Psychology from St. Francis Xavier, an M.Sc. in Cognitive Psychology from McMaster University, and a Ph.D. in Industrial/Organizational Psychology from the University of Guelph. Dr. Francis has broad research interests in organizational psychology including occupational health and safety and workplace fairness. Lori is an active member of Saint Mary's University's CN Centre for Occupational Health and Safety. Dr. Francis also has an active consulting record with the government, military and private industry.

FRANCES HINTON

Frances is a lawyer and registered nurse. She received her law and post-RN degrees from Dalhousie University in 1991. Her legal career has been focused on dispute resolution and human rights. In addition to being a Chartered Arbitrator with the Alternate Dispute Resolution Institute of Canada, she is a Commissioner with the Nova Scotia Police Commission. While her nursing background is in cardiac research, she currently works on a casual basis on the Palliative Care Unit at the QEII Health Sciences Centre.

PATRICK J. MCGRATH

Patrick is a Killam Professor of Psychology, and Professor of Pediatrics and Psychiatry, and Canada Research Chair at Dalhousie University where he directs the Ph.D. program in clinical psychology. He has research labs at Dalhousie and the IWK Health Centre. Patrick's research program is on pediatric pain and also on distance delivery of psychological treatment. His research has been recognized by appointment to the Order of Canada (Officer) and election to the Royal Society of Canada. He is the Principal Investigator of the Canadian Institutes of Health Research Strategic Training Program on Pain in Child Health and a Community Alliance for Health Research on distance treatment. His most recent professional book is Pediatric Pain, Biological and Social Context published by the International Association for the Study of Pain.

PETER MCLEOD

Peter is a Professor of Psychology at Acadia University where he has also served as Director of Research and Graduate Studies. Prior to joining the faculty of Acadia in 1989, Peter received his Ph.D. in Experimental Psychology from Dalhousie University and held a Killam Post-doctoral Fellowship at U.B.C. His health-related research interests focus on stress responses and risk factors for depression and anxiety.

PETER W. MULLEN

An alumnus of Acadia University, Peter is the founder and president of Kemic Bioresearch in Kentville which provides research and consulting services in pharmacokinetics and toxicology. He holds a Ph.D. from the University of Manchester, England. After a year as a British Empire Cancer Research Campaign Post-doctoral Fellow at the University of Edinburgh, he returned to Manchester, becoming a tenured member of the Department of Pharmacology, prior to establishing Kemic upon his return to Nova Scotia. Over the past twenty years, Peter has also taught courses at both Acadia and Dalhousie Universities.

FLORENCE PINARD

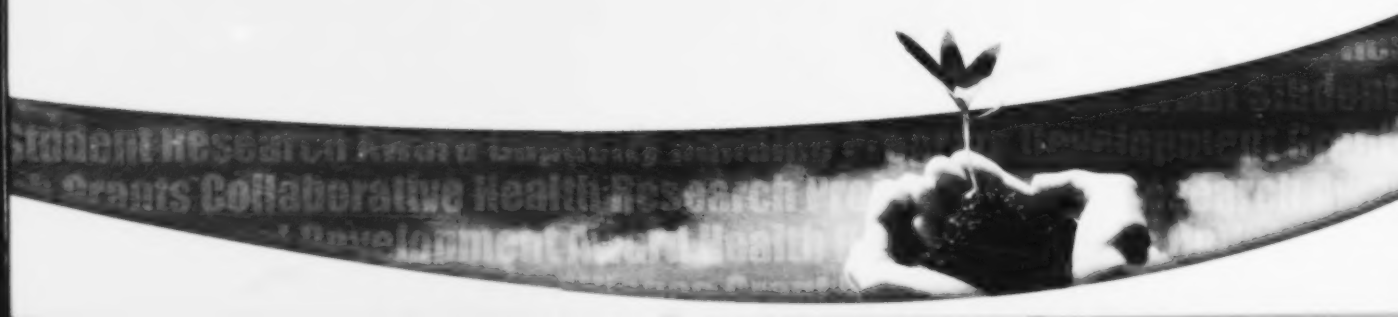
Florence has a Bachelor of Science in Nutrition from St. Francis Xavier University; she has completed a Dietetic Internship at the QEII Health Sciences Centre and graduate studies in nutrition at Mount St. Vincent University. Florence was previously employed with Gem Health Care Management in Halifax. Currently retired, she is a volunteer at St. Agnes Church, an active canvasser for several charities, and a health promotion volunteer with the Nova Scotia Cancer Society (Dartmouth Branch).

RICHARD SINGER

Since 1972, Richard has been a member of the Department of Biochemistry & Molecular Biology at Dalhousie University's medical school. His research activities have allowed him to serve the biomedical community at a national level through 15 years of membership and/or chair status on several peer-review committees for the Canadian Institutes of Health Research, its predecessor the Medical Research Council of Canada, and the National Cancer Institute of Canada.

MAUREEN SUMMERS

Maureen is the Executive Director of the Canada Cancer Society – Nova Scotia Division. She has an MSc in Health Studies and a B.Sc. in Kinesiology from the University of Waterloo. The Canadian Society of Association Executives recognized Maureen nationally in 2001 for Excellence in Association Leadership for her role with the Canadian Cancer Society. Currently, Maureen is a member of the Dalhousie Cancer Research Program Management group, the Cancer Research Traineeship Program, the National Cancer Institute of Canada's Centre for Behavioural Research and Program Evaluation Advisory Committee, Canadian Institutes for Health Research Regional Partnership Program committee, and has participated as a lay reviewer in the NCIC grant panels.



IAN THOMPSON

Ian, who graduated with a Bachelor of Arts from Dalhousie University, is a business and community leader having owned, operated and sold a successful business, as well as serving as vice president external at Emera Inc. He has chaired the board of the Halifax Chamber of Commerce and the Young Presidents Organization, Atlantic Chapter. In 2002, Ian was named a member of the College of Fellows of the Canadian Public Relations Society. He is a former IWK board member and former president of the Canadian Cystic Fibrosis Foundation and the International Cystic Fibrosis Association. Ian is listed in Canada's Who's Who.

Term Ended

JOHN GAINER

John is the Clinical Coordinator of the Eating Disorders Program at the Cape Breton Healthcare Complex, a position he has held since 1994. He is also chair of the Research Ethics Committee. John received his Ph.D. in Clinical Psychology from McGill University in Montreal. He is the author of more than a dozen health research papers.

THOMAS RATHWELL

Thomas is a professor and Director of the School of Health Services Administration at Dalhousie University in Halifax. His areas of specialization include health policy and planning, population health, comparative health care systems and public participation. Thomas, who received his Ph.D. from the University of Durham, also served as the Head of the World Health Organization's Collaborating Centre for Health Care Systems Research and Development.

DONNA MEAGHER-STEWART

Donna is the Associate Director of the Master of Nursing program at Dalhousie University School of Nursing in Halifax. She has a Ph.D. from the University of Toronto. Donna is an active participant in the health research community and her work has appeared in several journals and books.

MADINE VANDERPLAAT

Madine is an Associate Professor of Sociology and Women's Studies at Saint Mary's University. A research methodologist and program evaluator, Madine received her Ph.D. in the Sociology of Education from Dalhousie University. Her research and publication interests focus on collaborative and participatory research strategies, empowerment oriented program evaluation and social interventions designed to promote social inclusion and civil society. Madine is currently working with the human rights and health research unit at the National School for Public Health in Brazil and on the development of a coastal communities network for Women's and Children's Health and HIV/AIDS.

KRISTA CONNELL, CHIEF EXECUTIVE OFFICER

Krista is the Foundation's first Chief Executive Officer. Her job is extensive. She is responsible for providing the leadership and professional guidance necessary for the NSHRF to attain its strategic goals. Krista also oversees the tactical operation of the Foundation and ensures its effective and efficient operation.

As the Chief Executive Officer, Krista is also responsible for outreach to the research community in its broadest sense and for the development of policies and approaches that foster involvement and support on the part of stakeholders. Krista reports directly to the Board of Directors.

MIKE HURLEY, CHIEF FINANCIAL OFFICER

Mike is the Foundation's first Chief Financial Officer. Reporting to the Chief Executive Officer, the CFO is responsible for enhancing the financial management and accountability within NSHRF; ensuring the timely preparation and management of all budget related activities, and assuming responsibility for ongoing administrative policies and procedures to ensure smooth operations of NSHRF.

DEBORAH LANGILLE, DIRECTOR PERFORMANCE ACCOUNTABILITY

As Director of Performance Accountability, Deborah is responsible for assisting in the Development of strategic directions for the Foundation over the next three to five years. As well, she oversees monitoring, evaluation and communication of our corporate performance.

LESLEY POIRIER, PROGRAM MANAGER – RESEARCH AWARDS

Lesley is the Program Manager – Research Awards for the NSHRF. She is responsible for the provincial competition and matching grant awards. This involves management of the competition process as well as all the communication, analytical and developmental elements of the programs.

COLLEEN CLATTENBURG, ADMINISTRATIVE ASSISTANT

Colleen is the Foundation's Administrative Assistant. In this capacity, she provides support to the Executive Director and the Board of Directors. Colleen joined the Foundation shortly after it was established and provided administrative support to the Interim Merit Review Committee. She was also instrumental in the development of application information for the very first call for funding.

MEREDITH CAMPBELL, PROGRAM MANAGER – STRATEGIC PROGRAMS

Meredith oversees development management, budgeting and evaluation of the Capacity Building program, the Knowledge Transfer program, Health Research Institute, and workshop support. The goal is to assist the research community in achieving objectives that will ultimately benefit all Nova Scotians.

MARIE DEVEAU WOURNELL, SECRETARY/ RECEPTIONIST

Marie is the Foundation's Secretary/Receptionist. She is responsible for the smooth day-to-day running of the organization and provides administrative support to the Program Managers. For many, Marie is the first introduction to the Nova Scotia Health Research Foundation.

RYAN MCCARTHY, RESEARCH PARTNERSHIP COORDINATOR

The Research Partnership Coordinator is a shared position between the Nova Scotia Health Research Foundation, the Heart and Stroke Foundation of Nova Scotia and Nova Scotia Health Promotion Protection. Ryan leads specific partnership initiatives for the three organizations including the development of research strategies and meeting research objectives.

TYPES OF RESEARCH FUNDED

The Nova Scotia Health Research Foundation provides support to individuals and organizations conducting health research in four key areas:

Medical Research, which includes basic scientific and biomedical research as well as clinical and epidemiological investigations.

Health Outcomes Research, which seeks to determine changes in the health status of populations as a result of health programs or services.

Health Services Research, which examines how efficiently and effectively health services are managed, organized and delivered.

Health Public Policy Research, which studies the impact of social factors, allocation of resources, legal and ethical issues, and the administration, organization and financing of healthcare.

NOVA SCOTIA
Health Research
FOUNDATION

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